

## **Adult Day Health Care Services**

**Definition:** Adult Day Health services are furnished 5 or more hours per day on a regularly scheduled basis for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. This service is provided to individuals who are eighteen (18) or older. The objective of this service is to restore, maintain, and promote the health status of an individual through the provision of ambulatory health care and health-related supportive services. Physical, occupational and speech therapies indicated in the individual's plan are not furnished as component parts of this service, but may be provided by enrolled physical, occupational, and/or speech therapy providers at the Adult Day Health Care Center as separate services.

**Providers:** Centers/agencies enrolled with SCDHHS to provide Adult Day Health Care Services under the Community Supports Waiver. These centers/agencies are listed on the Adult Day Health Provider Listing or you may contact your supervisor if you have questions about a center's/agency's enrollment status.

**Arranging For The Service:** Once it is determined that Adult Day Health services are needed, you should document the need for the services in the individual's plan and provide the individual or his/her family with the listing of enrolled providers. You should assist the family as needed or requested in choosing a provider and document that you offered a choice of providers.

Prior to starting the service or at the time the service begins, you must provide the Adult Day Health center/agency with a **physician's order** for the service (**Community Supports Form AD-15**), a physical examination report dated not more than 60 days prior to the date services begin, and the physician's recommendations regarding limitations of activities, special diet and medications. (see **Community Supports Form AD-15**).

**Note:** A separate Adult Day Health Care Assessment is not required

Once the amount and frequency of the service has been determined and the family has selected a provider, you must contact the chosen provider to determine space/service availability. Also, at this point, you will enter budget information into the Waiver Tracking System (S79).

Once approved, you can negotiate a start date with the center or agency then authorize the service. For Adult Day Health Care, one unit equals one "individual day" which is a minimum of 5 hours per day excluding transportation time. The **Community Supports Form AD-23** must be used to authorize the service. The **Community Supports Form AD-23** instructs the provider to bill Medicaid for services rendered.

The **Community Supports Form AD-23** will remain in effect until a new form changing the authorization is provided to the Adult Day Health Care agency or until services are terminated.

**Monitoring the Services:** You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the individual's/family's satisfaction with the service (refer to Chapter 9 "Monitorship of Community Supports Waiver Services"). Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following schedule should be followed when monitoring Adult Day Health Care Services:

- Must complete on-site monitorship during the first month while the service is being provided
- At least once during the second month of service

- At least quarterly thereafter
- Yearly on-site monitorship required

Some items to consider during monitorship include:

- Is the individual satisfied with the Adult Day Health Care Center?
- Is the ADHC Center clean (sanitary)?
- Is the ADHC Center in good repair?
- How often does the individual attend? If less than five hours a day, is this authorized?
- Are there any health/safety issues?
- Is PT, OT, or Speech therapy needed?
- How often does the ADHC Center Staff have contact with family?
- Are there any behavior problems?
- What type of recreational activities does the person participate in?
- What types of recreational activities does the ADHC Center offer?
- Does the individual feel comfortable interacting with staff?
- What are the opportunities for choice given to the individual?
- What type of care is the individual receiving?

**Reduction, Suspension, or Termination of Services:** If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the individual or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeal/reconsideration process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**

**COMMUNITY SUPPORTS WAIVER**

**PHYSICIAN'S ORDER  
FOR  
ADULT DAY HEALTH SERVICES**

Individual's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

I hereby order Adult Day Health Services to be provided to the above named person with the following limitations of activities: \_\_\_\_\_

This person requires the following diet: \_\_\_\_\_

This person requires the following medication: \_\_\_\_\_

**A physical examination report must be attached.**

Physician's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Must be completed within 60 days of admission to ADHC.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
COMMUNITY SUPPORTS WAIVER**

**AUTHORIZATION FOR SERVICES  
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

**TO:** \_\_\_\_\_

\_\_\_\_\_

**RE:** \_\_\_\_\_

**Individual's Name / Date of Birth**

**Address**

**Medicaid #**    /   /   /   /   /   /   /   /   /   /   /   /

*You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).*

**Prior Authorization #**    **C S**    /   /   /   /   /

**Adult Day Health Care Services (X6987)**

**Number of Units Per Week :** \_\_\_\_\_ **one unit = 1 (5 hour) day**

**Start Date:** \_\_\_\_\_

**Service coordinator:**    **Name / Address / Phone # (Please Print):**

\_\_\_\_\_

\_\_\_\_\_

**Signature of Person Authorizing Services**

**Date**

# **MEDICAID HOME AND COMMUNITY-BASED WAIVER**

## **SCOPE OF SERVICES FOR ADULT DAY HEALTH CARE SERVICES**

### **A. Objective**

The objective of Adult Day Health Care (ADHC) services is to restore, maintain, and promote the health status of Medicaid Home and Community-Based waiver participants through the provision of ambulatory health care and health-related supportive services in an ADHC center.

### **B. Conditions of Participation**

1. The ADHC Provider must maintain a current Adult Day Care license from the SCDHEC or an equivalent licensing agency for an out-of-state provider.
2. Providers must use the automated systems mandated by CLTC to document and bill for the provision of services.
3. Providers must accept or decline referrals from CLTC or SCDDSN within two (2) working days. Failure to respond will result in the loss of the referral.
4. The Provider will be responsible for verifying the participant's Medicaid eligibility when it has accepted a referral and monthly thereafter to ensure continued eligibility. Providers should refer to the CLTC Services Provider Manual for instructions on how to verify Medicaid eligibility.
5. Providers may use paperless filing systems. When using electronic filing systems any documentation requiring signatures must be signed prior to scanning. Electronic records must be made available upon request, and providers must have a reliable back-up system in the event their computer system shuts down.

### **C. Description of Services to Be Provided**

1. The unit of service will be a CLTC participant-day of ADHC services consisting of a minimum of five (5) hours at the center. The five (5) hours does not include transportation time. The unit of service will be a minimum of four (4) hours when the participant has a scheduled medical appointment requiring him or her to leave early or arrive late. If a participant arrives late or leaves early due to a medical appointment, the Provider must notify the CM/SC Note: When a participant needs to be at

the center for more than five (5) hours per day due to no one being at home to care for participant, the ADHC must allow the participant to remain at the center for up to eight (8) hours.

2. The ADHC center must operate at least eight (8) hours a day Monday through Friday. The hours of operation may be any eight (8) hours between 7:00 am and 6:00 pm. Each September the Provider must provide to SCDHHS, a list of regularly scheduled holidays for the coming year. The Provider will not be required to furnish services on those days. A copy of the scheduled holiday list must be posted in a visible location at the center. The Provider understands and accepts that any deviation in hours or days of operation during the contract period requires notice to and approval by the Department Head of Provider Relations and Compliance, Division of CLTC Waiver Management in order for the services to be covered.
3. The number of days a participant attends each week is determined through the Medicaid Home and Community-Based waiver service plan and indicated on the service authorization.
4. The Provider must either provide directly, or make sub-contractual arrangements (only nurses can be sub-contracted), for some but not all of the following non-billable services which are included in the daily rate:
  - a. Daily nursing services performed by an RN or under the supervision of an RN as permissible under State law to monitor vital signs as needed; to observe the functional level of the participant and note any changes in the physical condition of each participant; to supervise the administration of medications and observe for possible reactions; to teach positive health measures and encourage self-care; to coordinate treatment plans with the physician, therapist, and other involved service delivery agencies; to supervise the development and implementation of a care plan; to appropriately report to the participant's physician and/or the CM/SC any changes in the participant's condition. The RN must approve the documentation of the services provided.
  - b. Supervision of, assistance with and training in personal care and activities of daily living including dressing, personal hygiene, grooming, bathing and clothing maintenance.
  - c. Daily planned therapeutic activities to stimulate mental activity, communication and self-expression. These include reality orientation exercises, crafts, music, educational and cultural programs, games, etc.
  - d. One meal and one snack per day with the meal meeting 1/3 of the daily recommended dietary allowances (RDA) for this age group as

adopted by the United States Department of Agriculture. Special diets prescribed by the attending physician must be planned and prepared with consultation from a registered dietitian as needed.

5. The Provider will incorporate in the center's operational procedures adequate safeguards to protect the health and safety of the participants in the event of a medical or other emergency.

D. Staffing

1. The minimum staffing requirements must be consistent with licensing requirements (ie. one direct-care staff for every eight participants). In addition to the minimum staffing standards required by licensing, the following staffing standards for nurses and case managers apply whenever Home and Community-Based waiver participants are present. All nurse staffing and care must be provided in accordance with the South Carolina Nurse Practice Act. Should the RN position become vacant, the ADHC Provider must notify the local CLTC office no later than the next business day. The Director of the Division of CLTC Waiver Management must approve any deviations from these staffing patterns in writing.

For 1-44 Home and Community-Based waiver ADHC participants: one RN must be present as follows:

1 – 10 participants	2 hours minimum
11 – 20 participants	3 hours minimum
21 – 25 participants	4 hours minimum
26 – 35 participants	5 hours minimum
36 – 44 participants	6 hours minimum

For 45 – 88 Home and Community-Cased waiver ADHC participants: one RN and one additional RN or LPN must be present for a minimum of five hours whenever Home and Community-Based waiver participants are present.

For 89 - 133 Home and Community-Based waiver ADHC participants:

- a. one RN and two additional RNs or LPNs; or
- b. one RN, one additional RN or LPN and one case manager.

Required nursing and case management staff must be present for a minimum of five hours whenever Home and Community-Based waiver participants are present.

For 134 - or more Home and Community-Based waiver ADHC participants:

- c. one RN and three additional RNs or LPNs; or,
- d. one RN, and two additional RNs or LPNs and one case manager.

Required nursing and case management staff must be present for a minimum of five hours whenever Home and Community-Based waiver participants are present.

2. The Provider must have a Nursing Supervisor on staff with the following qualifications:
  - a. A Registered Nurse (RN) currently licensed by the S.C. State Board of Nursing, by a state that participates in the Nursing Compact, or by an appropriate licensing authority of the state in which the ADHC provider is located for an out-of-state provider; and
  - b. A minimum of one year's experience in a related health or social services program; and
  - c. A minimum of one year's administrative or supervisory experience.

Providers are required to verify nurse licensure and license status at the State Board of Nursing website. <http://www.llr.state.sc.us/pol.asp>

3. For ADHC providers with 89 or more Home and Community-Based waiver participants who employ a case manager to meet staffing requirements of section D. 1, the case manager must have a bachelor's degree in health or social services.
4. Aides working at the ADHC center must meet minimum staffing requirements consistent with licensing requirements.
5. The Provider must check the CNA abuse registry and the OIG exclusions list for all staff at the center. Anyone appearing on either of these lists is not allowed to provide services to waiver participants or participate in any Medicaid funded programs. The website addresses are listed below:

CNA Registry: [www.pearsonvue.com](http://www.pearsonvue.com)  
OIG Exclusions List: <http://www.oig.hhs.gov/fraud/exclusions.asp>

6. PPD Tuberculin Test

No more than ninety (90) days prior to employment, all staff having direct participant contact shall have a PPD tuberculin skin test, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are new employees in order to establish a reliable baseline. [If the reaction to the first test is classified as negative, a second test should be given one to three weeks after the first test. If the second test is classified as negative, the person is considered as being uninfected. A positive reaction to a third test (with an increase of more than 10mm) in such a person within the next few years, is likely to represent the occurrence of infection with M. Tuberculosis in the interval. If the reaction to the second of the initial two tests is positive, this probably

represents a boosted reaction, and the person should be considered as being infected.]

In lieu of a PPD tuberculin test no more than 90 days prior to employment, a new employee may provide certification of a negative tuberculin skin test within the 12 months preceding the date of employment and certification from a licensed physician or local health department TB staff that s/he is free of the disease.

Employees with reactions of 10mm and over to the pre-employment tuberculin test, those with newly converted skin tests, and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment must be given, and the person must not be allowed to work until declared noncontagious by a licensed physician.

Routine chest radiographs are not required on employees who are asymptomatic with negative tuberculin skin tests.

Employees with negative tuberculin skin tests shall have an annual tuberculin skin test.

New employees who have a history of tuberculosis disease or have had a positive TB test and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared noncontagious.

Preventive treatment should be considered for all infected employees having direct participant contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventive treatment. Employees who complete treatment, either for disease or infection, are exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Employees who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be provided for tuberculin negative employees within twelve (12) weeks after termination of contact to a documented case of infection.

Providers needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, S.C. 29201 (phone (803) 898-0685).

7. Personnel Records

The Provider must maintain personnel records, for each employee, including contracted personnel, which document the qualifications necessary to meet parts C.4 and D of this contract.

E. Conduct of Services

The Provider must maintain documentation showing that it has complied with the requirements of this section.

1. The Provider will be notified by the CM/SC of the pending referral.
2. The Provider will obtain the CLTC ADHC form (DHHS form 122DC) from the physician and notify the CM/SC of its receipt. The CM/SC will authorize the amount, duration and frequency of services for the participants in accordance with the participants' needs. A blank copy of this form can be obtained on our website  
  
<http://www.scdhhs.gov/insidedhhs/bureaus/BureauofLongTermCareServices/adhc.asp>
3. The Provider's RN will prepare a care plan for the participant that is based on the CLTC service plan.
4. The Provider will initiate ADHC services on the date negotiated with the CM/SC and indicated on the Medicaid Home and Community-Based waiver service authorization. The CM/SC must be notified if services are not initiated on that date. Services provided prior to the service authorization date are not reimbursable.
5. The Provider must have a daily schedule/activity plan that provides for the delivery of all required services to all participants.
6. The Provider will develop and maintain a Policy and Procedure Manual which describes how activities will be performed in accordance with the terms of the contract.
7. The Provider will maintain a daily attendance log documenting the arrival and departure times of each participant. A separate log will be maintained indicating staff in attendance and their arrival and departure times.

8. The Provider will notify the CM/SC within two (2) working days of the following participant changes:
  - a. Participant's condition has changed or the participant no longer appears to need ADHC services.
  - b. Participant is institutionalized, dies or moves out of service area.
  - c. Participant no longer wishes to participate in ADHC services.
  - d. Provider becomes aware of the participant's Medicaid ineligibility or potential ineligibility.
  - e. Participant does not attend the day care on an authorized day and Provider has not been notified of reason for absence.
9. The Provider will maintain a record keeping system which establishes a participant profile in support of the units of ADHC services delivered, based on the Medicaid Home and Community-Based waiver service authorization. Individual participant records must be maintained and contain the service authorization, the ADHC's care plan (which is approved and signed by the Provider's RN), the Medicaid Home and Community-Based waiver CLTC Mode of Transportation form, the CLTH ADHC Form (DHHS Form 122DC), and daily documentation of all care and services provided.

For CLTC authorized services, the ADHC care plan must be based on the CLTC Service Plan and the CLTC Service Plan must be maintained in the participant file.

F. Administrative Requirements

1. The Provider must inform CLTC of the Provider's organizational structure, including the Provider personnel with authority and responsibility for employing qualified personnel, ensuring adequate staff education, in-service training and employee evaluations. The Provider shall notify SCDHHS within three (3) working days in the event of a change in or the extended absence of the personnel with the above listed authority
2. The Provider must provide SCDHHS a written document showing the organization administrative control and lines of authority for the delegation of responsibility down to the hands-on participant care level staff at contract implementation. The document should include an organizational chart including names of those currently in the positions. Revisions or modifications to this organizational document must be provided to SCDHHS. It is recommended that this document be readily accessible to all staff.

3. Administrative and supervisory functions shall not be delegated to another agency or organization.
4. The Provider agency shall acquire and maintain during the life of the contract liability insurance and workers' compensation insurance as provided in Article IX, Section D of the Contract. The Provider is required to list SCDHHS – CLTC as a Certificate Holder for informational purposes only on all insurance policies using the following address: Post Office Box 8206, Columbia, SC 29202-8206.

Effective July 1, 2009